



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES December 14, 2006

APPROVED
1/11/07

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC (cont.)	OAPP/HIV EPI STAFF
Carla Bailey, <i>Co-Chair</i>	Ruben Acosta	Miki Jackson	Chi-Wai Au
Anthony Braswell, <i>Co-Chair</i>	Carrie Broadus	Elliot Johnson	Kyle Baker
Al Ballesteros	Mario Chavez	Mike Johnson	Angela Boger
Cheryl Barrit	Alicia Crews-Rhoden/Precious Jackson	Lee Kochems	Rochelle Floyd
Diana Baumbauer	Douglas Frye	Gabriela Leon	Michael Green
Robert Butler	William Fuentes	Maxine Liggins	Terina Keresoma
Whitney Engeran	John Griggs	Luis Lopez	True Pawluck
Hugo Farias	Gloria Pérez	Victor McKamie	David Pieribone
David Giugni	Mario Pérez	Elizabeth Mendia	Nicole Sabado
Terry Goddard	Peg Taylor	Jane Price	Will Strain
Jeffrey Goodman	Kathy Watt	Emma Robinson	Lamet Williams
Richard Hamilton	Fariba Younai	Jill Rotenberg	Amy Wohl
Jan King		Rachel Russell	Juhua Wu
Brad Land/Dean Page		Onina Saportas	
Anna Long	PUBLIC	Fred Sattler	COMMISSION STAFF/CONSULTANTS
Davyd McCoy		Tania Trillo	
Ruel Nollado		Nick Truong	
Quentin O'Brien	Joseph Cadden	Walter Ward	Virginia Bonila
Everardo Orozco	Teresa Castillo	Sharon White	Miguel Fernandez
Angélica Palmeros	Mark Davis	Patricia Woody	Jane Nachazel
Wendy Schwartz	Richard Eastman	Jordan Young	Glenda Pinney
James Skinner	Richard Espinosa		Doris Reed
Jocelyn Woodard/James Smith	Idabelle Fosse		James Stewart
Gilbert Varela	Shawn Griffin		Nicole Werner

- CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:00 a.m. Quorum at 9:15 am.
A. Roll Call (Present): Barrit, Baumbauer, Braswell, Butler, Giugni, Goodman, King, Land, Long, Orozco, Page, Palmeros, Skinner
- APPROVAL OF AGENDA:** Mr. Braswell presented the agenda for approval.
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
- APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the minutes from the October 12, 2006 Commission on HIV meeting (*Passed by Consensus*).
MOTION #3: Approve the minutes from the November 9, 2006 Commission on HIV meeting (*Passed by Consensus*).
- PARLIAMENTARY TRAINING:** Mr. Stewart had no report.

5. PUBLIC COMMENT, NON-AGENDIZED:

- Ms. Rotenberg announced the monthly SPA 4 Service Provider Network meeting would be December 21st, 12:00 noon, at the Los Angeles Gay and Lesbian Center. Lunch will be served.
- Ms. Price, Coordinator for SPN 6, said they were notified at the World AIDS Day breakfast that SPNs will no longer distribute food vouchers. This change is of considerable concern.
- Ms. White, also of SPA 6, spoke against the food voucher distribution change. She felt linking vouchers to nutrition services discriminated against community-based organizations that lack staff for nutrition counseling. In addition, many clients are from cultures not normally educated in the value of such services and no transitional information has been provided for them.
- Mr. McKamie, Minority AIDS Project, said that last year there was a shift from food vouchers to greater emphasis on food banks on the premise that vouchers were not cost effective. Now, however, vouchers are again used, but in conjunction with a medical model. He noted his September 29, 2005 letter to the Standards of Care (SOC) Committee expressing his concern about the reduction then. He felt the latest action demonstrated inconsistency.
- Mr. Hamilton, speaking as a consumer, noted he has spoken on behalf of vouchers for several years. While the most consistent complaint is that vouchers are not cost effective, the average recipient annual income is \$12,000 or less. He concurred that the goal was to move toward a medical model, but noted many clients see a doctor only every one to three months and never see a nutritionist. A better approach is needed.

6. COMMISSION COMMENT, NON-AGENDIZED:

- Mr. Butler, in response to the complaints about the change in food vouchers, felt that distribution of services was a procurement issue, e.g., an OAPP responsibility. On the other hand, he felt the issue should be reviewed by the SOC in order to ensure that standards are being followed.
- Mr. O'Brien said he could not comment on the specifics of the change in food voucher allocation. However, as co-chair of the Finance Committee which oversees the Assessment of the Administrative Mechanism, the roll-out of the change is not atypical and is a concern in and of itself—a subject being discussed within the administrative agency, then changes are made without community input. He advocated for internal recommendations to be brought forward to the community for discussion and education before changes are rolled out.
- Dr. King said the food voucher comments will be taken into consideration going forward both in this and other projects. She noted that vouchers are a small part of food services (\$75,000). In addition to food pantry services (\$600,000), the EMA is working to improve the percentage of eligible clients enrolled for food stamps. There is also about \$200,000 for nutritional services.
- Mr. Pieribone confirmed OAPP's commitment to work with the Commission and the SOC in development and application of standards. Previously, SPNs received voucher allotments based on the Geographic Estimate of Need (GEN), then distributed them to their members with no standard policy other than that recipients not exceed 100% of Federal Poverty Level (FPL). He continued that this new demonstration program is meant to address such concerns. While not directly tied to nutrition services, it is tied to the medical nutrition therapy program in an effort to increase accountability by demonstrating whether clients have increased their knowledge and healthy food choices.
- Mr. Engeran asked whether the voucher program was originally designed as education and support or as a primary food source like a food bank. Mr. Pieribone said it was originally designed to promote services through SPN distribution.
- Mr. Braswell commented that all services are now being held to a higher level of effectiveness through definable outcomes. The challenge is to find ways to meet needs while also meeting outcome reporting goals.
- Mr. Goddard asked if there were alternative funds. Dr. King said there were not, though food stamps were underutilized. Ms. Palmeros commented that undocumented individuals face additional food challenges because they cannot access food stamps.
- Mr. O'Brien said he was involved in the initial food voucher program. It began when County employees participating in AIDS Walk expressed concern that all funds raised went to one agency. As an adjunct, employees began to sell t-shirts and other items. After consulting with OAPP, it was decided to augment those funds with some unspent CARE Act funds and distribute food vouchers as part of World AIDS Day. So far, as far as Mr. O'Brien was aware, the County no longer participates in the additional fundraising activities underpinning what was then considered a kind of holiday gift. Funds now would come under the stricter purview of the CARE Act.
- ➡ Ms. Palmeros confirmed that food vouchers were not included in the nutrition standard because of difficulty in establishing suitable outcomes, and she said that SOC is already reviewing the issue.
- Mr. Page thanked the Commissioners who spoke at the Board meeting in support of the USC ACTG. He applauded those who step up outside the Commission to do extra work. Mr. Braswell concurred.
- Regarding attendance, Mr. Page reported it was also a severe issue for committees. He recommended that people who do not meet their commitments be asked to resign.

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- Mr. Butler noted the large volume of hard copy documents disseminated through Commission and committee meetings. He suggested the Executive Committee review how better use of the internet and other resources might reduce the total.
- ➔ Mr. Braswell suggested that the Executive Committee review the question of a more eco-friendly footprint, within legislative guidelines.
- Mr. Goodman reported that he and Ms. Bailey attended the National Association of Persons With AIDS (NAPWA) Conference in New Orleans the prior week. They will be reporting on information learned there. They also wanted to compliment Mr. Hamilton and Ms. Broadus who both contributed powerful speeches to the event.
- Mr. Braswell thanked those who attended the World AIDS Day event at the Dorothy Chandler Pavilion.

7. PUBLIC/COMMISSION COMMENT FOLLOW-UP: There were no additional comments.

8. CO-CHAIRS' REPORT:

A. NIH Decision to Phase Out USC ACTG:

- Mr. Braswell said USC AIDS Clinical Trials Group (ACTG) had been notified just before Thanksgiving by phone that NIH funding would be discontinued as of December 31, 2006.
- The Executive Committee was apprised of the situation and sent an advisory memorandum (included in the packet) to the Board on December 4, 2006.
- The Board responded with a December 5, 2006 letter to Dr. Anthony Fauci, Director, National Institutes of Allergy and Infectious Diseases/NIH (included in the packet). They also directed their Health Deputies to keep abreast of the issue and the Commission to return recommendations to them within 45 days of their December 5th meeting.
- ➔ It was agreed that Mr. Vincent-Jones would also craft a letter on behalf of the Commission to Dr. Fauci.
- Mr. Johnson called attention to the packet of materials provided by the LAC+USC staff. He thanked all those who have already responded to help retain the funding.
- Dr. Sattler, Principal Investigator, AIDS Clinical Trials Group-Rand Schroeder Clinic, reported 10 of 34 units were being defunded. There is a formal appeals process and LAC+USC staff was scheduled to meet with officials the next Monday. Staff only recently learned the criteria which are: 1) past performance, LAC+USC historically ranked 2nd to 4th in clinical trial enrollment, this evaluation cycle ranked 1st; 2) access to special populations, historically high among Latinos and non-Hispanic Blacks, this evaluation cycle ranked 2nd; 3) scientific contributions, historically very active with key positions on committees and chairmanship of studies as well as emphasis on information pertinent to people of color; 4) scientific priority score, a panel that reviewed the application about a year ago scored it equivalent to "good" or "very good", higher than several sites not being defunded; 5) reprioritization from domestic to foreign trials, this evaluation cycle ranked 1st in cost-effectiveness.
- Dr. Cadden, Medical Director, Rand Schroeder Clinic, added that Rand Schroeder accepts nearly all who come for care. Ninety-five percent (95%) are people of color half unable to speak English. Women are 27-28%, the second highest enrollment nationally. This population reflects the local and national face of AIDS. Over 2,800 patients have already benefited from the unit's research studies and care. Funding would end care for the 200 currently enrolled as well as the 100 who participate in studies each year. Rand Schroeder patients tend to be more advanced in disease than those from other centers. At first diagnosis, most have an active opportunistic infection or a T-cell count of less than 100. Most such patients would not be physically able to travel over twenty miles for care at other sites. While primary care will continue for patients, the research clinic conducts 2,300 patient visits annually that include primary care. By eliminating the unit, primary care will shift to an already busy primary care team.
- The ACTG team also handles all administrative duties involved in expanded access programs that make treatment options and drugs available before commercial release to those most in need. The clinic annually assists 50 to 70 patients in expanded access programs.
- In addition to a formal letter to the NIH, Dr. Cadden requested individuals and community groups contact their elected officials. Mr. Nollado said that APLA had drafted a sign-on letter that is being disseminated. Dr. King, Medical Director, OAPP, stated OAPP also supports regaining these funds.
- Mr. Engeran noted protests are often ineffective after cuts have been made. He asked if LAC+USC had a transition plan if funding was not restored. He also wondered if the NIH funding changes were part of a reauthorization compromise.
- Dr. Sattler said they had not alerted the Commission earlier because they were trying to verify information and get details. There is supposedly a phase-out plan of up to one year for existing patients, though no details are yet available. There are also discussions about other approaches to funding, for example, through a consortium of the ten defunded sites collaborating on research.
- Mr. Land said even relatively brief care interruptions can cause treatment resistance or generate a resistant strain.

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- Mr. Nollado asked how much would be lost. Dr. Sattler said the grant was about \$1.5 million for this funding cycle, but that was under a special arrangement with the school and NIH to work at an indirect rate of 30%. This funding cycle's grant application was for \$2.2 million. Over the twenty years, the application has averaged about \$2 million.
- Mr. O'Brien suggested that, if necessary, UCLA might be able to serve some patients at the LAC+USC site.
- Ms. Jackson, AIDS Healthcare Foundation, reported questions raised in a meeting the previous day: Can harm to patients can be documented? Would UCLA have room for additional patients able to get there? Did NIH comply with its own protocols? If the decision cannot be reversed, is there a way to obtain medications for those on specialized protocols? It was agreed that Ms. Jackson would discuss questions with Dr. Sattler and provide Mr. Vincent-Jones a summary.
- Mr. Braswell noted that each site supports specific protocols with different configurations of different medications. Even if UCLA had the room and were willing to do so, it could not continue the unique combination of medications, care and community support. Dr. Sattler confirmed that Rand Schroeder selects, in conjunction with a community advisory board, from a portfolio of studies. While there is some overlap in studies, each site is distinct. Dr. Sattler reported that Dr. Fauci has designated his primary principal deputy director to meet with Rand Schroeder representatives the next Monday, so the decision is still being reviewed.
- Mr. Butler said Los Angeles County needs to do better in informing legislators about local transportation challenges.

B. Open Commission Co-Chair Nominations:

- Mr. Braswell noted that Commission co-chair terms are staggered. His seat is now up for election.
- Anyone interested in serving, or who wishes to nominate a Commissioner, should send written or e-mailed notice to Mr. Vincent-Jones.
- Nominees for this seat must have been a member of the Commission for a minimum of one year. Other representation requirements for the co-chairs are currently met by Ms. Bailey.
- Mr. Goodman nominated Mr. Braswell. Mr. Braswell accepted.
- Nominations will remain open until the election is held at the January meeting.

C. Commission Departures:

- Mr. Farias will be leaving the Commission in March or April to work on HIV capacity development in Latin America. He thanked the Commission for all he has learned through it.
- Mr. Lewis and Mr. Stockton have also resigned from the Commission; Mr. Stockton took another position in Seattle.

D. Change in Date of Annual Meeting: Mr. Braswell noted that the Annual Meeting was being moved from November to October for 2007. Planning has started and details will be brought forward as available.

E. Change in Date of January Executive Committee Meeting: Mr. Braswell announced the meeting had been rescheduled to January 3rd, 2007, 10:00 am to 12:00 noon.

9. EXECUTIVE DIRECTOR'S REPORT: There was no report.

10. STATE OFFICE OF AIDS REPORT: There was no report.

11. OFFICE OF AIDS PROGRAMS AND POLICY REPORT: There was no report.

12. HIV EPIDEMIOLOGY PROGRAM REPORT: Dr. Wohl reported that almost 2,000 cases of HIV have been reported by name since April 2006.

A. Costs of Adherence Support/Impact on Services:

- Dr. Wohl presented a study (in packet) on adherence as it relates to use of health care services and their costs.
- While a 2001-2004 study of three adherence models found no differences in viral load or adherence, the additional study focused on the potential of decreased health care utilization and costs.
- A cohort of 250 HIV+ patients was enrolled from the LAC+USC Medical Center, the Maternal Child and Adolescent Clinic at USC, and Harbor-UCLA Medical Center.
- Patients were randomized into: 1) directly-administered antiretroviral therapy program (DAART); 2) adherence-focused case management program (IACM); or 3) a standard of care control program (SOC).
- Any program's savings in health care utilization was compared with the cost of providing that program.
- Over an average of 1.7 years, DAART patients utilized more outpatient visits than SOC while IACM patients utilized statistically fewer hospital days. Emergency room visits were consistent across all three arms of the study.

- After subtracting health care unit costs, DAART cost an average of \$989 more per participant than SOC while IACM resulted in average net savings of \$4,239 per participant even though program costs were higher.
- There were no statistically significant differences in clinical outcomes among the study arms.
- Mr. Land asked about the IACM program. Dr. Wohl replied that the program originally intended to schedule one case management visit per week, but it was reduced to an average of 14 visits per six month period or once every other week with a phone contact in the intervening weeks.
- Mr. Land asked Dr. Green if a follow-up was planned to incorporate this information into standards of care. He replied that OAPP would be reviewing this and comparable studies. It would bring its recommendations to the SOC. He noted the MAI revision currently being proposed is already moving in the direction of stronger case management and may come to function as a pilot project for increased case management throughout the system.
- Mr. O'Brien commented that the bulk of savings from the IACM group appeared to result from shortened hospital stays. He asked if the case manager may have facilitated patients exiting the hospital more quickly. Dr. Wohl replied that there was no definitive evidence to identify why hospital stays for this population were shorter. It could be that closer monitoring resulted in patients whose health was less compromised at hospital entry.
- Mr. Fernandez had been an IACM program case manager. He noted that the connection with a case manager helped in multiple ways for patients who otherwise often lacked support. In addition to emotional encouragement, case managers linked patients with a variety of support services that helped them retain independence or regain it more quickly after a hospital stay. Even though case managers did not contact patients during hospitalizations, patients' knowledge that assistance was available provided a sense of security and confidence in moving forward.

13. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Mr. Giugni reported that the PPC met December 7th. The colloquia presentation, "Once in a Blue Moon", addressed heterosexually-identified men who have sex with men and/or pre-operative transgendered women.
- ➡ It was agreed to bring the hour-long presentation to the Commission.
- The PPC approved a motion to develop a joint needs assessment with the Commission. The Evaluation Subcommittee is reviewing and revising the seven critical questions which were part of the PPC's last community needs assessment in order to bring them forward for discussion at the Commission's Executive Committee.
- The addendum to the HIV Prevention Plan was approved. It will affect contracts starting in January 2007.

14. TASK FORCE REPORTS:

- A. **Commission Task Forces:** There were no reports.
- B. **Community Task Forces:** There were no reports.

15. SPA/DISTRICT REPORTS:

- Mr. Hamilton, SPA 6, noted he held the provider seat and that Ms. Crews-Rhoden held the consumer seat. SPA 6 holds open discussions on matters of interest like the current concern with the new food voucher program addressed during public comment.
- SPA 6 discussions on the Los Angeles Gay and Lesbian "HIV/AIDS Is a Gay Disease" social marketing campaign prompted a letter to the Commission read into the record by Mr. Hamilton. The letter expressed concern with the campaign due to its narrow focus. Many of today's at-risk individuals either are not, or do not identify as, gay. Infection rates among women, youth and people of color continue to rise. Organizations work tirelessly to undermine denial of risk rooted in perceptions of the disease as a concern only of those who self-identify as gay. In their opinion, the campaign undermined that work.

17. STANDING COMMITTEE REPORTS:

A. Recruitment, Diversity and Bylaws (RD&B) Committee:

1. **Non-Commission Committee Appointments:** Mr. Butler called attention to the Policy/Procedure for Non-Commissioner Committee Appointments which was presented for 30-day public comment. The Commission had requested the Board permit such appointments in order to more readily recruit individuals with specialized knowledge for committees.
2. **Member Duty Statements:** Mr. Butler reported that duty statements for Commissioners whose positions are legislatively tied to the table were not yet ready to be distributed for public comment.
3. **Membership Recruitment:**
 - Mr. Butler reported that a number of applications had been received to date. There is, however, a shortfall among people of color, especially Latinos. He reminded the Commission that it was mandated to reflect the actual epidemic in Los Angeles County.
 - He encouraged people who intended to re-apply to submit their applications promptly.

- Mr. Engeran said he was aware of a SPA 8 application that had not yet been acted upon. He noted that Ms. Barrit, representing Nettie DeAugustine while she is on leave, has no vote and the provider seat is vacant. Mr. Butler said the applications are being scored, but the two applications were not received at the same time. The Open Nominations process requires a minimum of two applications per seat unless special circumstances pertain.
 - Mr. Stewart noted that lack of quorum also impacts the process. Mr. Engeran suggested the Executive Committee move applications when quorum is not met.
4. **Committee Reconfiguration:** Mr. Butler reported that preliminary discussions have been held with a view toward dissolving the Finance Committee in favor of folding its administrative duties into RD&B and its planning duties into P&P. The reconfigured RD&B/Finance Committee would be renamed Operations to reflect its new scope.

B. Public Policy Committee: Ms. Schwartz noted that the December 2006 Public Policy Committee meeting had been cancelled.

1. **CARE Act Reauthorization:**

- Mr. Engeran stated that the Ryan White Modernization Act had passed and it was expected that the President would sign it. He noted there are some critical changes. The Reauthorization is for three years, rather than the usual five. It is not too soon to begin preparations for the next Reauthorization.
- There is a change from “estimated AIDS cases” to “living AIDS cases.” The “hold harmless” is at 95% of the 2006 allocation and increases to 100% of the 2007 allocation for 2008-2009.
- The formula will be 66% of the total allocation with 33% supplemental. Medical services allocations must be a minimum of 75% with support services no more than 25%.
- Eligible Metropolitan Areas (EMAs) will be retained as currently configured. An area continues to be classified as an EMA unless it fails to meet the EMA criteria for three consecutive years.
- The Severity of Need Index is now part of the law and plays a factor in determining funds. HRSA has already set up some committees to review factors for the Index. Substance abuse is one factor being considered and IDU rates are being considered to measure it. That measurement is, however, more pertinent to the East Coast epidemic than the West Coast. That is an example of issues that Mr. Engeran felt the Commission should begin to study.
- The Minority AIDS Initiative (MAI) is now codified into law, as are appropriation levels.
- The State of California is doing a data run to better assess what the Title II levels will be.
- Mr. Butler asked for confirmation that the new law directs the planning council and administrative agency to share 10% of the grant, as opposed to separate allocations. Mr. Engeran confirmed that our previous items 6 through 9, with 15% of the grant, are now combined at 10%.
- Mr. Goodman said there are indications that the 75% medical services mandate can be waived if it can be shown that all clients are receiving medical care and medications. He suggested being pro-active in assessing possibilities.
- Mr. Land said it was important to assess how the bill affects the Commission work plan. He added that finalization of the MOU with OAPP also assumes greater importance now that the allocation must be shared. He urged a draft MOU for review by the January 2007 meeting.

2. **Name-Based HIV Reporting:**

- Mr. Engeran reported he has been in contact with Peg Taylor and has been told the regulations have been distributed to a core group of interested parties for review. It becomes an in-force regulation once it is released and sent to the Office of Administrative Law (OAL). Mr. Engeran also noted that there are new regulations governing the OAL for 2007. It is critical that the regulations are processed under the 2006 regulations, before changes to the OAL.
- Currently 25 of 54 jurisdictions are reporting, with 7 local health jurisdictions declining to report names at this point.
- The State Office of AIDS has requested six staff members from the CDC to work on-site in Los Angeles and San Francisco for technical support.
- Mr. Nollado supported the letter, but also recommended it reinforce confidentiality provisions since there had been the suggestion that some health officers wanted to relax the bill’s electronic transfer safeguards.
- Mr. Engeran noted that there has also been some discussion with Dr. Jonathan Fielding, HIV Epi and OAPP representatives, County Counsel representatives and Mr. Vincent-Jones to explore whether the Health Officer has the authority to go into cases identified prior to the passage of SB 699 to capture cases for names reporting. The conversation is preliminary and aimed solely at the possibility of more quickly maturing the data system.

➡ Mr. Engeran recommended a letter to the State insisting that the regulations be released.

MOTION #3A: Direct Mr. Vincent-Jones to compose a letter to the State requesting expedited implementation of the Names-Based HIV Reporting regulations (*Passed by Consensus*).

3. **HR 6038: Stop AIDS in Prison Act 2006:**

- Ms. Schwartz noted that this and the following bill are both federal bills. Because the legislative session has closed, both this and the following bill have died. It is expected that both bills will be re-introduced. Support can be applied to the reintroduced versions.
- HR 6038 is sponsored by Congresswoman Maxine Waters. The bill provides HIV testing as part of a medical examination both at intake and at re-entry with an opt-out option, and available annually thereafter or anytime an inmate has reason to believe exposure has occurred. The bill includes prevention education for all inmates, confidential counseling, treatment and re-entry referral for all HIV+ inmates.

MOTION #4: Endorse HR 6038 and forward for County position, as presented (*Passed by Consensus*).

4. **HR 6083: Justice Act 2006:** HR 6083 allows community organizations to provide STI counseling, prevention education and barrier protection devices in federal correctional facilities. The bill also calls for a confidential survey on correctional facility programs aimed at reducing the spread of STIs within 180 days after enactment of the legislation and annually thereafter for five years.

MOTION #5: Endorse HR.6083 and forward for County position, as presented (*Passed by Consensus*).

C. Priorities and Planning (P&P) Committee:

1. **Special Populations Definition/Criteria:**

- Mr. Land reported that the Commission had requested that P&P define special populations. The response was included in the packet. Seven criteria are outlined by the memorandum as critical to the “special populations” designation. In brief, these are: heavy reliance on public funding; high risk for HIV; historically underserved; unique challenges/barriers in accessing care; high prevalence of HIV; requires specialized services; population size is sufficient to ensure feasibility of continued services.
- Mr. Butler felt that, while the criteria were good, few if any populations would meet all seven. Dr. Long replied that traditionally designated special populations, like transgenders, informed development of the definition and were not excluded by it.
- Mr. Land noted that the information would now go to SOC for their input. It was agreed that the document would be reviewed and reconsidered, if needed, if it is found that appropriate populations are being excluded from the definition.

MOTION #6: Adopt the proposed Special Populations definitions and criteria, as presented.

2. **H-CAP/CRAS Consolidation:** Mr. Land reported that the Commission’s HIV-Care Assessment Project (H-CAP) and OAPP’s Countywide Risk Assessment Survey (CRAS) were being consolidated to reduce duplication and expand the sample size.

D. Standards of Care (SOC) Committee:

1. **Medical Outpatient Rate Studies:** Mr. Vincent-Jones is compiling a list of the discrepancies between the standards of care and the service descriptions for OAPP. OAPP plans to integrate the suggestions into the revised service descriptions.
2. **Client Advocacy Review:** Ms. Palmeros noted the consumer focus forum results in the packet.
3. **Case Management Review:** Mr. Land noted the review will ascertain where medical and psychosocial systems might be helpfully consolidated.
4. **Special Populations Guidelines:**
 - Ms. Palmeros noted invitation letters in the packet for panel development of the initial special population guidelines for Youth/Adolescent, Women, and Transgenders. Also included is the list of suggested talking points.
 - The orientation meetings took place December 6th. The panels will discuss proposed standards modifications for their special populations on January 23 and 30, 2007.
 - A set of standards Executive Summaries was also in the packet. It is the first step toward standards publication.

E. Finance Committee:

1. **Follow-Up to Board Motions:**

- Mr. Ballesteros noted the memorandum in the packet summarizing activity taken in response to an OAPP deficit compounded by the Year 16 CARE Act funding reduction several months later.
- ➡ He added that a full review of the budget was scheduled for the January meeting when Mr. Vincent-Jones, Executive Director, Commission on HIV, and Mario Pérez, Director, OAPP, would be in attendance.
- Mr. Engeran appreciated the summary and was amenable to a full discussion in January. However, he noted that contract reductions were first announced by Public Health and OAPP in an October 5, 2005 memorandum. He said it was challenging that a report on the subject has taken so long. He also noted that the then existing \$700,000 or \$800,000 administrative agency deficit was not supposed to be absorbed into the \$2.2 million provided by the Board

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to sustain services imperiled by the subsequent CARE Act cuts, yet there is no explanation of how the deficit was handled. He recommended a tracking system to ensure timely completion of directives in future.

2. **Assessment of the Administrative Mechanism:** Mr. O'Brien called attention to the spreadsheet in the packet detailing the follow-up on recommendations.
3. **Financial Reports:** Mr. O'Brien noted that the Board did compensate for the CARE Act Year 16 cut. Year 16 shows a negative difference in the contracted amount compared to Year 15 because Net Count Cost (NCC) funds are not reflected. Finance is holding preliminary talks with OAPP on redesigning the report to reflect NCC funds.

18. COMMISSION COMMENT: There were no additional comments.

19. ANNOUNCEMENTS:

- Ms. Bailey complemented Ms. Broadus and Mr. Hamilton on their excellent Staying Alive presentations.
- Mr. Hamilton said plans were proceeding for the February National Black AIDS Awareness Month. Meetings have begun. The month's activities will launch with participation in the Martin Luther King Day Parade. All were invited to join him, Mr. Pérez, Mr. Nolloedo and many others.

20. ADJOURNMENT: Mr. Braswell adjourned the meeting at 12:50 p.m.

- A. Roll Call (Present):** Bailey, Ballesteros, Barrit, Baumbauer, Braswell, Butler, Engeran, Farias, Goddard, Goodman, Hamilton, King, Land, Long, McCoy, Nolloedo, O'Brien, Orozco, Page, Palmeros, Schwartz, Skinner, Smith, Varela, Woodard

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MOTION AND VOTING SUMMARY

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MOTION #3: Approve the minutes from the November 9, 2006 Commission on HIV meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3A: Direct Mr. Vincent-Jones to compose a letter to the State requesting expedited implementation of the Names-Based HIV Reporting regulations.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #4: Endorse HR 6038 and forward for County position, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #5: Endorse HR 6083 and forward for County position, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #6: Adopt the proposed Special Populations definitions and criteria, as presented.	<i>Passed by Consensus</i>	MOTION PASSED